DOCUMENT RESUME

ED 255 855 CG 018 187

AUTHOR Horton, Lowell
TITLE Adolescent Alcohol Abuse. Fastback Series No. 217.
INSTITUTION Phi Delta Kappa Educational Foundation, Bloomington, Ind.
REPORT NO ISBN-0-87367-217-8
PUB DATE 85
NOTE 48p.; This fastback was sponsored by the Ohio State University Chapter of Phi Delta Kappa.
AVAILABLE FROM Phi Delta Kappa, Eighth Street and Union Avenue, Box 789, Bloomington, IN 47402 ($0.75).
PUB TYPE Information Analyses (070)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Adolescents; *Alcohol Education; Alcoholism; *Drinking; Family Influence; Peer Influence; Personality Traits; *Prevention; *School Role; *Student Behavior

ABSTRACT

This booklet examines the problem of alcohol use among American teenagers. The role that alcohol plays in adult society is presented and its potential danger for causing teenage alcohol addiction is considered. A discussion on why some teenagers abuse alcohol focuses on familial, peer, sociocultural, environmental, personality, and behavioral influences. Fourteen specific behaviors and characteristics which may be symptomatic of alcohol or drug abuse in students are identified. The literature and research in the areas of the current legal drinking age controversy, the problem of teenage drinking and driving, and the sometimes lethal result of mixing alcohol and other drugs are reviewed to help educators become better informed about issues impinging directly or indirectly on teenage alcohol use and abuse. Finally, the role of the school in the education, prevention, and treatment of adolescent alcohol use and abuse is considered in view of the many potential individual and societal problems caused by alcohol. (NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

FASTBACK

217

ED255855

Adolescent Alcohol Abuse

Lowell Horton

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

D. Kliewer

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PHI DELTA KAPPA
EDUCATIONAL FOUNDATION

LOWELL HORTON

Lowell Horton is a professor of education in the Department of Curriculum and Instruction at Northern Illinois University, DeKalb. He has a B.S. degree from Rio Grande College in Rio Grande, Ohio; an M.Ed. degree from Ohio University; and a Ph.D. from Ohio State University.

Horton is a member of Phi Delta Kappa, the National Council for the Social Studies, and the Association for Supervision and Curriculum Development. He is the author of two books and numerous articles in professional journals. He is also author of the Pni Delta Kappa fastback 154 *Mastery Learning*. His other research and writing interests include teacher renewal and curriculum priorities.

Series Editor, Derek L. Burleson

Adolescent Alcohol Abuse

by
Lowell Horton

CG 018187

Library of Congress Catalog Card Number 84-62987
ISBN 0-87367-217-8
Copyright © 1985 by the Phi Delta Kappa Educational Foundation
Bloomington, Indiana

This fastback is sponsored by the Ohio State University Chapter of Phi Delta Kappa, which made a generous contribution toward publication costs.

The chapter is sponsoring this fastback in honor of Dr. Carol O'Connell, who was the first woman to serve as president of the Ohio State University Chapter, who served with distinction as Area 5I Coordinator, and who is currently serving as one of the first female vice presidents of Phi Delta Kappa International. She typifies the leadership that makes Phi Delta Kappa continue to be a great organization for the advancement of education.

Table of Contents

Introduction 7

Alcohol in Adult Society 9

Teenage Alcohol Addiction 15

Identifying the Adolescent Alcohol Abuser 18

Why Do Adolescents Abuse Alcohol? 22

The Legal Drinking Age Controversy 27

Teenage Drinking and Driving 30

Mixing Alcohol and Other Drugs 32

The School's Role: Education, Prevention, Treatment 34

- A Broad-Based Approach 35
- Clarifying Goals 36
- Starting Early 37
- Program Guidelines 38

Conclusion 41

Resources for Materials and Information 42

Selected Bibliography 44

Introduction

Alcohol use among American teenagers is a problem of epidemic proportion. Alcohol is a drug – the drug of choice of adolescents and adults. Abuse of this drug is responsible for death and injury in automobile accidents, physical and emotional disability, loss of productivity amounting to millions of dollars annually, deterioration of academic performance, aggressive and disruptive behavior causing problems with family and friends, and individual financial ruin. It also is a primary cause of much criminal behavior and a leading cause of broken homes.

Despite the problems caused to young and old by alcohol, society sends a mixed signal to its youth. The media present beer drinking with peers as not only acceptable behavior but almost mandatory in order to ensure friendship and good times. Wine is presented as a sophisticated and romantic beverage, which is drunk in a setting of dim lights, soft music, and expensive decor. Hard liquor is portrayed as the perfect drink to top off a day and to be enjoyed with the glamorous company of the opposite sex. We joke and laugh about alcohol consumption, our own and others. Drunks are funny. Parents and teachers look forward to their "happy hour" at the end of the work day. We use euphemisms to avoid the reality of alcohol abuse. We seldom say we are going to get drunk; instead we talk about "partying." We prefer to say that we, or someone else, is bombed, blitzed, smashed, or zonked rather than to call it what it is – drunk.

Drinking alcohol is presented as routine behavior in many television programs and movies. "Can I fix you a drink" is a familiar opening line

in television and movie dialogue. Occasionally, movies such as *Lost Weekend, Days of Wine and Roses,* or more recently *Tender Mercies* have presented a stark and realistic picture of alcohol abuse. But most of the messages we send to children and youth about alcohol use are mixed and confused. In fact, many adult attitudes about alcohol are mixed and confused. And our schools reflect the confusions of the larger society in the message they send to their students about alcohol use. Our curriculum guides in health talk about "teaching the responsible use of alcohol." We don't consider teaching the responsible use of marijuana, cocaine, or heroin. Society is not confused about what it wants its schools to teach its youth about these drugs. But alcohol is viewed differently. No other drug presents this problem to our schools and society.

In this fastback we will look at the role that alcohol plays in adult society and examine its potential danger for causing teenage alcohol addiction. The question of why some teenagers abuse alcohol is explored, and ways of identifying abusers are presented. Also, teachers and administrators need information about the current legal drinking age controversy, the problems of teenage drinking and driving, and the sometimes lethal result of mixing alcohol and other drugs. The literature and research in these areas are examined to help educators become better informed about issues impinging directly or indirectly on teenage alcohol use and abuse.

Finally, we shall consider what the schools should teach about alcohol use in view of the many potentially serious individual and societal problems caused by this drug. Can schools effectively teach students to use alcohol responsibly? Should they teach total abstinence? Is it a matter of helping students clarify their own values about whether or not to use alcohol? What are legitimate instructional objectives for an alcohol education program? How can such programs be evaluated? What resources are available? Are there any general guidelines to follow in developing alcohol education programs? These and other questions will be examined in this fastback.

Alcohol in Adult Society

A congressman was once asked by a constituent to explain his attitude toward whiskey. "If you mean the demon drink that poisons the mind, pollutes the body, desecrates family life, and inflames sinners, then I'm against it," the congressman said. "But if you mean the elixir of Christmas cheer, the shield against winter chill, the taxable potion that puts needed funds into public coffers to comfort little crippled children, then I'm for it. This is my position and I will not compromise."

—Popular Anecdote

Attitudes toward alcohol usage in American society have been and still are marked by ambiguity, confusion, and contradiction. There is no consistent public attitude toward drinking. There is no consensus on the role of alcohol in our collective lives. This creates a dilemma for educators who want to offer alcohol education programs to youth.

Alcohol drinking has become the norm in America and abstinence the exception. Yet it is impossible to describe the typical drinker. More men than women drink, but the statistics are changing since the number of women drinkers has increased significantly in the last 10 years. While most adults drink at least occasionally, about 30% of adults don't drink at all. Of those who do drink, 10% account for 50% of the alcoholic beverages consumed. For some groups the ideal drinking behavior is not drinking at all; for other groups moderate or infrequent drinking behavior is acceptable; for still other groups occasional heavy drinking or even frequent heavy drinking is permissible.

The federal government reflects society's ambivalence toward alcohol. On the one hand it funds the National Institute on Alcohol Abuse and Alcoholism, which funds state, regional, and local prevention programs; disseminates material; and publishes both a newsletter and a quarterly journal. On the other hand the government depends on the alcohol industry for billions of dollars in revenue from taxes on alcoholic beverages.

The media bombard the American public, particularly its young people, with the acceptability of alcoholic beverages in adult society. A report by the Scientific Analysis Corporation examined portrayal of drinking practices on television. The study showed that alcoholic beverages were the most frequently used drinks by television characters. In 225 programs 701 alcoholic drinking acts were recorded, compared to the second-place tea and coffee drinking recorded in 329 cases. Television characters seldom drank water or soft drinks. In addition to characters shown drinking alcohol, it was mentioned or seen in the background 701 times. Furthermore, many of the references to alcohol in the scripts were of a humorous nature. Characters are portrayed as "lusting after booze," joking about it, or making fun of someone who has drunk too much. Other characters are portrayed as happy but harmless alcoholics. These findings should be brought to the attention of teenagers in order to help them sort out the realities of alcohol consumption from the make-believe world of television.

The alcohol industry goes to great effort and expense to keep its products before the public. In many movies and television shows, alcoholic beverage producers contract with the film makers to ensure that their products are displayed clearly, frequently, and positively during the film or program. It is no accident that the leading character is shown drinking a particular brand of beer. He drinks that brand because the brewers and the film producers have come to terms, whether or not the drinking is an integral part of the story line.

Drinking is viewed as an adult behavior in our society. It is promoted as a rite of passage from adolescence to adulthood. Youth and women have represented the growth market for the industry for the past decade. Alcoholic beverages are advertised and marketed as being associated

with sexuality and romance, when in fact, because alcohol is a depressant drug, it decreases overall sexual performance and dulls pleasurable feelings.

The alcohol industry has encouraged young people to drink by the introduction of "transitional" drinking products. They have promoted 3.2 beer, pop wines, and light beers as an acceptable transition from soft drinks to full-strength alcoholic ones. Many people believe that beer and wine contain less alcohol than hard liquor and are therefore more appropriate for teenagers and inexperienced drinkers. In truth, one twelve-ounce bottle of beer or one four-ounce glass of wine contains the same amount of alcohol as a mixed drink made with a standard one-ounce shot of distilled spirits. All have approximately .50 ounces of alcohol.

The age when young people are taking their first drink is becoming lower each year. Many studies report that preteens are experimenting with alcohol and that some are already heavy drinkers. Several studies are now underway to determine the long-term effects of alcohol use by children. Perhaps the greatest danger will be found to be an early learned dependence on alcohol to escape normal stresses and therefore an inability to develop normal coping behaviors.

Alcohol and alcoholic drinking have been around for a long time. Paleontologists tell us that prehistoric man had the necessary ingredients to make intoxicating drinks. The first real evidence of such drinks surfaced in studies of the Neolithic Age when they were used as part of formal rituals. Wine was held in great honor by the ancient Greeks, who indulged to excess during their religious and orgiastic ceremonies. Ancient Egyptians are believed to have preferred beer, while evidence of numerous taverns was discovered in archeological sites from the Babylonian Empire.

In the United States the story of alcohol use and abuse suggests the roots for our present contradictory attitudes toward the drug. Alcoholic beverages appeared early and often in the history of the New World. Puritans in the American colonies believed that alcoholic drinks were wholesome and that drinking them would help them withstand the rigors to which they were exposed. Beer was considered to be a form of sustenance.

The first distillery in the New World was established on Staten Island in the mid-1600s. By the end of the century the Massachusetts Bay Colony was heavily into the manufacture of rum. Rye and bourbon are both American originals, first produced shortly after the American Revolution. With easier availability of rum and whiskey, the upright colonists came rapidly to realize the potential dangers of alcohol abuse. The Virginia Colony punished drunkeness with private reproval the first time, public reproval the second time, and 12 hours in the stocks plus a fine the third time. Black slaves and American Indians were considered too irresponsible to be trusted with the use of alcohol. It was a punishable offense to provide either group with intoxicating beverages. Nevertheless, unscrupulous colonists paid little attention to these laws. Very early, spiritous liquors were used to appease the Indians and as a sop to slaves to perform unpleasant duties.

Throughout the history of this country, alcoholic beverages have been toasted as a "gift from the gods" and cursed as the "devil's brew." Wines, beer, and spirits have been used in the treatment of diseases from typhoid fever to nervous exhaustion. For almost any illness, some early doctors could be found who advocated alcoholic drinks as a remedy. As late as 1905 alcoholic drinks were still commonly prescribed for various ills.

The temperance movement in the United States clearly reflects the general ambiguity toward alcoholic beverages. The movement originated as an advocacy effort for drinking in moderation. However, with the proliferation of gin mills, increased instances of abusive drinking, and general societal turmoil caused by overindulgence, the movement changed its goal from one of moderated drinking to abstinence. The movement began in the early 1800s and gained strength throughout the century. The 18th Amendment to the United States Constitution was the crowning achievement of the temperance movement. The 18th Amendment, ratified in 1919, prohibited the manufacture and selling of alcoholic beverages. Prohibition, dubbed "the noble experiment," is an excellent example of our contradictory notions about alcoholic beverages. By most measures, prohibition was a dismal failure. The amendment was repealed in 1933.

Not only is the drinking of alcohol a source of conflicting attitudes, so also is the alcoholic. At various times in this country's history, the alcoholic has been viewed as a sinner to be saved, a criminal to be punished, a social deviate to be outcast, and more recently as a person with an illness to be treated.

Alcohol is associated with or causes a wide range of physical disorders, many of which are not reversible. Alcohol abuse can lead to gastritis, ulcers, pancreatitis, and heart disease. Cirrhosis (scarring of the liver) ranks as the sixth most common cause of death in the United States with up to 95% of those cases alcohol-related. Too much alcohol over a period of time can damage the brain to the point that normal functioning is impossible. Alcohol consumption can also damage the fetus if consumed by pregnant women. Infants born with the fetal alcohol syndrome may have birth defects as well as suffer the pains of alcohol withdrawal as an adult does.

While alcohol does not directly cause people to engage in criminal behavior, drinking does contribute to overall poor judgment and lack of control frequently associated with criminal acts. Many people arrested for crimes are intoxicated, and many victims are taken advantage of while they are in an intoxicated state. One study found that over 70% of the robbery offenders arrested had been drinking alcoholic beverages. In another study of murderers, it was reported that 86% of the offenders had been drinking before they committed murder.

While there is no clear consensus on the American public's attitude toward drinking, it is generally accepted that certain groups of people should not drink at all. Among them are 1) pregnant women, 2) those who have evidenced alcoholic tendencies, 3) anyone on medication that would react unfavorably with alcohol, 4) those who are in life-sensitive jobs or who work around potentially dangerous machinery, and 5) anyone under the legal drinking age.

Beyond these select groups, the attitude toward drinking is not at all clear. The legacies from the prohibition crusades and the current view of alcohol as a normal and acceptable part of life have left us only confused. Therein lies our dilemma. We do know that when societies hold common values on alcohol use, alcohol-related problems are fewer. The

task for us as educators is first to become aware of the pervasiveness of alcohol use in our society, then to become knowledgeable about the problems associated with alcohol abuse, especially as they affect young people, and finally to become skilled in developing programs and counseling techniques to combat alcohol abuse.

Teenage Alcohol Addiction

Alcohol is a drug. It is the most widely used drug of choice among both adolescents and adults in this society. As with most drugs it has serious and potentially lethal side effects.

Nine out of ten adults who drink alcohol can do so without serious subsequent problems. However, one adult in ten who drinks will become addicted to the drug and become alcoholic with all the concomitant consequences. No one is certain why one-tenth of the adult drinking population becomes alcoholic. There is no way to identify with any certainty those who are likely to become alcoholic and those who can drink with impunity. What is certain is that those who begin to drink alcohol at a younger age are more likely to become involved in a variety of alcohol-related problems, including alcoholism. It is certain that once alcoholism develops in an adolescent, the disease develops much more rapidly than it does in adults and the physical and emotional disabilities are likely to be more severe.

One reasonable theory, held by some leading alcohol rehabilitation authorities, maintains that alcohol addiction is the result of a sensitivity of the hypothalamus section of the brain. The hypothalamus, in conjunction with the autonomic nervous system of the body, controls the automatic operations of the body such as heart beat, the salivary glands, the thyroid gland, and the adrenal glands, which control the physical and emotional make-up of a person. Because the adolescent is still developing physically, this portion of the brain is particularly sensitive. The younger the age at which an individual starts to ingest alcohol, the greater the chances that he will develop into a chronic alcoholic. The

action of the alcohol is channeled directly toward the adolescent's immature hypothalamus and autonomic nervous system, thereby obstructing his maturation on both the psychological and physiological levels. The full development of maturity of the hypothalamus does not occur until somewhere between the ages of 20 and 22.

For whatever reason, alcoholism in adolescents develops much more rapidly than it does in adults. Some teenagers become alcoholic within six months of taking their first drink. The increasing incidence of problem drinking and alcoholism among teenagers is attributable to many factors, both personal and societal. A leading cause is that alcohol is an easy drug to obtain. It is more acceptable both socially and legally than other drugs. Parents, teenagers, and educators often fail to realize the potential for problems that alcohol presents to the immature psyche and body. At a time when the mind, body, and emotions are maturing, frequent or excessive use of alcohol can cause irreparable damage.

Recent research suggests that about 23% of all youngsters between the ages of 12 and 17 have serious drinking problems. This percentage translates into approximately 3,300,000 teens and children who are having trouble because of alcohol consumption. Six percent of high school seniors are daily drinkers. Many report coming to school drunk or drinking while at school. Twenty-three percent admit to driving after drinking. More than half of all teenage deaths are related to alcohol or other drugs. Every five seconds a teenager has an alcohol-related traffic accident. Eight thousand teens are killed and 40,000 are injured in drunk driving accidents annually.

According to a report by the National Institute on Alcohol Abuse, the percentage of youth and children who drink alcohol regularly, frequently, and to excess is increasing annually. The age of beginning drinking is getting younger each year. Recent figures place the average beginning age for drinking alcohol in the United States at twelve years and five months. Alcohol-related problems with families, friends, and the police are also on the rise. Reported incidents of fighting, destruction of property, and more serious delinquent behavior are increasing along with increased alcohol consumption.

It is patently obvious that alcohol can become a serious and even life-

threatening problem for adolescents. Alcoholism is a very real and grim possibility. The school has an obligation to make both students and parents aware that alcohol is a drug with the potential for lethal consequences. It is not a harmless recreational drink to be imbibed without knowledge of and consideration for possible consequences, which may include alcohol addiction, injury, and even death.

17

Identifying the Adolescent Alcohol Abuser

Identifying the adolescent alcohol abuser is difficult but possible. While there is no one alcoholic personality, there are tangible and concrete symptoms of which the teacher, administrator, and parent should be aware. Early recognition can result in early intervention and treatment. And treatment is essential because frequent and heavy use of any drug among adolescents is often a coping mechanism for dealing with personal problems that need to be confronted and resolved if normal development is to occur. When drugs are used to cover feelings and to cope with stress, normal adolescent social and psychological growth is blocked.

Specific behaviors and characteristics to watch for to determine if alcohol or other drug abuse is occurring include, but are not limited to, the following:

Frequent Absenteeism. Alcohol abusers often have poor attendance records at school and work after the onset of heavy usage. Watch for this especially on Mondays or following a holiday.

Decline in Academic Performance and Physical Coordination. Alcohol abuse is closely correlated with a decline in grades and interest in school work and school in general. Physical coordination and strength are adversely affected when alcohol takes over the adolescent's life.

Lack of Interest in Extracurricular Activities. For the alcohol abuser drinking becomes the number one pursuit. Drinking becomes a full-time extracurricular activity. The next party and the next drink take on far more significance than sports, working on the school newspaper, or participating in music, drama, or student government.

Conflicts with Authority Figures. Arguments and disagreements with teachers, counselors, coaches, parents, employers, and other authority figures may be a symptom of alcohol abuse if the occurrence is frequent. Some adolescent rebellion is normal and healthy, but the budding alcoholic will often exceed the normal limits.

Problems with Peers. Frequent fights or arguments with peers, including former friends, may suggest a problem. As adolescents become more addicted to alcohol, they become less tolerant of others and more likely to find fault often in loud and aggressive ways.

New Peer Relationships. When an adolescent suddenly drops his customary group of friends and begins to associate with a new group, increased alcohol usage may be part of the picture. Alcohol is a very powerful bond in the drug culture of adolescents. And those who abuse alcohol are likely to abuse other drugs. One study found that 90% of the adolescent alcoholics surveyed also used other drugs. Many adolescents become addicted to several drugs.

Evidence of Self-Destructive Behavior. The most serious self-destructive behavior is suicide or suicide attempts. It is believed that more than 40% of all suicides and suicide attempts by adolescents are related to alcohol or other drugs. Suicide is the third leading cause of death among teenagers in the United States. Other self-destructive behavior associated with alcohol abuse includes self-inflicted pain such as cigarette burns on the body, initials or symbols carved into the skin, and other forms of self-mutilation. Often unexplained cuts and bruises are the results of falls or other accidents during alcoholic blackouts. All of these behaviors are symptoms of serious problems that call for intervention and treatment.

Avoidance and Distancing. Teenage alcohol abusers tend to withdraw from parents, teachers, siblings, and their former friends. This distancing can be physical as well as psychological. Often they prefer to be alone. They don't wish to interact with anyone who may question their drinking behavior or cause them to question it. There is often distorted and diminished verbal communication.

Depression. While many adolescents as well as many adults have periods of free-floating depression, drug-abusing adolescents demon-

19

strate this state more frequently and for longer periods of time. They have lost interest in their environment and in other people. They tend to feel inadequate, inferior, worthless, and anxious. They drink to cope with these feelings of depression, but because alcohol is a depressant they become even more depressed. Thus they fall into a dangerous downward cycle, which requires prompt and knowledgeable intervention by concerned adults.

Lack of Energy. It is normal for adolescents to exhibit great variation in their energy levels. Often it is a matter of getting enough rest, the right amount of exercise, and good nutrition. Normal adolescents recover quickly with renewed surges of energy. The alcohol abusing youngster often lacks energy and doesn't have the resources to bounce back. The alcohol, and the lifestyle associated with it, interrupts healthy sleep patterns, interferes with regular exercise, and leads to the avoidance of nutritious meals. This is another dangerous cycle that can be broken by aware and caring educators.

Impulsive Behavior. As adolescents become increasingly addicted to alcohol they exhibit fewer internal controls. They behave in irrational and self-destructive ways. Anger and rage on the part of males and sexual promiscuity on the part of females are often evidence of alcohol and other drug abuse. Because of the personality disorganization brought on by alcohol consumption, the abuser is often in a confused condition and unable to cope with normal expectations.

Lack of Concern About Personal Well-Being and Hygiene. The adolescent who comes to class in a dishevele condition with obvious lack of regard for grooming and cleanliness may be an abuser. The teenager who wears no coat or jacket on cold days or no protection from rain may be demonstrating evidence of alcoholism.

Obvious Signs of Intoxication. Slurred speech, staggering, and alcohol on the breath are obvious signs of intoxication. The teacher who ignores these signs is doing the student no favor. The sooner faced the better. While a confrontation with the student and parents may not be pleasant, the consequences of neglecting this behavior can be much more serious.

Evidence of a Troubled Home Life. Children of alcoholic parents

have more than a 50% chance of becoming alcoholic. This seems to be a matter of heredity as well as environment as demonstrated by studies of fraternal twins of alcoholic fathers, some of whom were raised apart and some together. In many cases the twins became alcoholic regardless of the environment. An alcoholic or otherwise troubled home life is likely to nuture alcoholic behavior if there is a predisposition to alcoholism. This is another factor for consideration by discerning and wise educators.

21

Why Do Adolescents Abuse Alcohol?

Three out of every ten junior and senior high school students can be defined as problem drinkers. It may be difficult for parents and teachers to believe that a seventh-grade student can have an alcohol problem, but a study of student drinking practices shows that 5% of seventh-grade boys and 4.4% of seventh-grade girls are seriously abusing alcohol. The largest increase in drinking for boys occurs between the seventh and eighth grades and for girls between eighth and ninth grades. Nearly 28% of all high school students in one major study were identified as alcohol abusers. Their immaturity, their inexperience with drinking, and their lack of understanding of the effects of alcohol only intensifies the problem of drinking among adolescents.

Because adults can purchase alcohol legally and because their social lives often revolve around it, society overlooks the seriousness of alcohol use among teenagers and children. The alcohol industry spends two billion dollars annually to convince people that drinking alcoholic beverages is the acceptable thing to do. No consideration is given to the consequences. Although the alcohol industry claims it is only interested in converting adult drinkers from one brand of alcoholic beverage to another, a critical examination of the commercials, their time slots, and program sponsorship make it obvious that they are targeted to young adults and adolescents. Weekend TV sporting events when teenagers make up a large percentage of the viewing audience are especially attractive advertising time slots for brewers. Sports figures known and admired by adolescents are sought out to represent various brands of beer. Even young children see thousands of commercials that convince them

22

that drinking is the thing to do. Only occasionally do they see an early Sunday morning public service announcement that discusses the potential negative consequences of drinking.

Recently there have been proposals for legislation to ban commercials for alcoholic beverages from television or to limit them to time slots when younger viewers are not as likely to be watching. Some suggestions have been proffered that the alcoholic beverage industry should donate part of its resources for advertisements for an education campaign that will help the public, especially children and teenagers, realize the potential injurious properties of alcoholic beverages. Further, there has been consideration of measures that would limit local bars' participation with college and university life, particularly the sponsorship of sporting events, distribution of free beer, wet T-shirt contests, reduced beer pricing policies such as free "ladies' nite," and other attempts to get college students (many of whom are still not of legal drinking age) to begin drinking if they don't drink and to drink more if they are already drinkers.

Although adolescents may present a veneer of sophistication about alcoholic drinking, research shows them to be naive and gullible. A recent survey found that more than 50% of the teenagers studied did not know that beer is as intoxicating as distilled spirits. Many believed it was impossible to get drunk on beer. Others believed that as many as five to seven cans of beer could be drunk within a two-hour period without risk of intoxication. Their lack of understanding of the intoxicating properties of beer is especially alarming since beer is the preferred alcoholic drink for teenagers. Where alcohol is concerned, teenagers are short on facts and long on myths. For example, 70% of the respondents in one study believe that a cold shower will sober up someone who is intoxicated; 62% believe that black coffee will serve the purpose. Few realize that only time can restore sobriety.

Teenagers also minimize the consequences of drinking. They are seldom able to grasp the long-range health problem created by alcohol abuse. Their life is in the here and now. Potential health problems 10, 20, or even one year down the road don't serve as a deterrent to abusive drinking. Adolescents feel invulnerable; sickness and accidents happen

to other people, not me. Only 8% of the teenagers interviewed in a recent study believed that their driving ability was impaired when they were drinking, although most recognized that other people's coordination skills were diminished by alcohol consumption. Few believed that they were likely to be stopped by the police for driving under the influence or that the consequences would be severe if they were. They did not consider being in an accident as a real possibility, much less one which might result in serious injury or death.

A recent government report identified six major influences on adolescent drinking habits: 1) familial and parental, 2) peer, 3) sociocultural, 4) environmental-contextual, 5) personality, and 6) behavior. A short examination of each of these influences will contribute to the awareness of educators as they work with adolescents who are problem drinkers.

Familial and Parental Influences. Family and parents are the most influential factors in determining a child's drinking habits. Nearly all research shows a high correlation between the drinking habits of adolescents and those of their parents. A child's first drink is usually taken at home at a family celebration. For some families drinking is a part of their lifestyle. It is a socially valued activity neither questioned nor feared. The adolescent tends to emulate the drinking patterns of the parents. In families where heavy drinking is the norm, the children will tend to be heavy drinkers. In families where total abstinence is the norm, children are more likely to abstain. In the latter case, however, when children do drink they are more likely to drink abusively. While there are exceptions, the clues to the adolescent's drinking behavior are in the family.

Peer Influences. Peer acceptance is profoundly important to most teenagers. The quest for acceptance from peers comes at a time when the adolescent is striving for freedom from the family group. Peer influence is usually the key factor in determining when, what, and how an insecure adolescent begins drinking. Teenagers may be urged to drink when they don't really want to or to drink more than they know they should to avoid feeling left out. Peer pressure is a powerful force in the life of teenagers and is often a negative force. But under the guidance of knowledgeable and skillful educators, it can be used as a

positive force to help teenagers who are in trouble with their drinking and to encourage others not to begin drinking.

Sociocultural Influences. Drinking alcoholic beverages is a social act. It reflects group practices and, as such, is closely related to families' religious affiliation, economic status, cultural group, and part of the country in which the family lives. While 65% of all adult Americans drink alcoholic beverages, there are regional differences. For example, 71% of all adults in the eastern United States drink but only 41% of those in the southern United States do. Fewer students drink in parts of the country where abstinence is the norm. Alcoholic drinking is considered a rite of passage to adulthood in some social groups. In those groups adolescents are expected and even encouraged to drink. In other groups, for religious or cultural reasons, alcohol consumption is discouraged or even prohibited. In some cultural groups drinking by male adolescents is expected and encouraged but drinking by females of any age is not acceptable. The younger generation can be expected to adhere to the drinking patterns and beliefs of their sociocultural group.

Environmental-Contextual Influences. Adolescents' abuse of alcohol is often environment specific. That is, they tend to overindulge in specific places, at specific times, and with specific people. For example, most teenage males drink alcoholic beverages (usually beer) in automobiles, on weekend nights, with adolescent friends. Adults often follow a similar pattern. For example, they tend to drink after 18 holes of golf on Saturday afternoon with their associates or while watching the Sunday afternoon football game on TV with their relatives. The danger of the environmental specific teenage drinking is that it tends to occur in isolation from parents and other adults who might provide a moderating influence.

Personality Influences. Curiosity about things adult compels many children to sneak a drink. Such acts are common and normal for many children. However, the normality ceases when the child begins to drink frequently and to excess. Those who exhibit an early predisposition to excessive drinking are often alienated from family and friends and often exhibit low self-esteem. They seem to be intrigued with the deviant and forbidden. Children in troubled homes where there is abuse or alcohol-

25

ism are more likely to be abusive users of alcohol. Statistically, the youngest child of a large family is also at risk of becoming a problem drinker. Those adolescents who are less able to relate to others, who take little interest in their immediate community and in world events, and who are not involved with school and extracurricular activities are more likely to become problem drinkers. Those teenagers who have difficulty adhering to reasonable rules of the school, the workplace, and the community are also high risk candidates for alcohol abuse.

Behavior Influences. Specific adolescent behavior and personality traits have been demonstrated to correlate with alcohol abuse. What is not clear is whether certain personality traits predispose adolescents toward problem drinking or whether abuse of alcohol contributes to specific personality traits. There is one body of literature that points out that problem drinkers have personality disorders, emotional problems, and character defects that must be treated if the alcoholic behavior is to improve. Other authorities believe that alcoholics and problem drinkers have no more emotional or psychological problems than any other people, but when normal problems do arise they are aggravated by the excessive use of alcohol. The alcohol abusing adolescent is unable to cope with common teenage anxieties, which the non-abusing youth is able to work through and learn from.

Whether the angry, resentful, fearful, and guilt-ridden adolescent is the result of his drinking behavior or whether he drinks excessively to mask these personality traits is a question requiring further research. The important task for teachers is to be aware of the symptoms of alcohol abuse and to offer education and suggest intervention and treatment when indicated.

The Legal Drinking Age Controversy

On 17 July 1984, President Reagan signed legislation that would penalize states with a loss of highway funds unless they raised their legal drinking age to 21 within two years. President Reagan declared that "drinking plus driving spell death and disaster." He also proclaimed at the signing ceremony that "this bill reflects the will of the American people." The findings from various surveys and opinion polls suggest he is correct on both assertions.

Until 1970 most states had a legal drinking age of 21. After the 26th Amendment to the Constitution in 1971 gave 18-year-olds the right to vote, 29 states changed their laws to lower the legal drinking age as well. It was argued that if 18- to 20-year-olds were old enough to vote, enter into legal contracts, and be sent to war, they were surely old enough to be allowed full drinking privileges. There was no consistency across the nation. Some states maintained 21 as the legal age for drinking; others lowered the age to 18; others chose age 19 or 20. In some states, 18-, 19-, or 20-year-olds were allowed to buy beer or wine but not hard spirits. Some states allowed this age group to drink in bars but did not allow them to purchase liquor from package stores. From a state with a legal drinking age of 21, youths would drive across state lines to states with a lower drinking age. The roads they traveled became known as "alcohol alleys." Not only did the problem of teenage drinking increase, but also a problem was created with teenagers driving home from a neighboring state after drinking. Weekend night accidents, deaths, and arrests were as prevalent as they were predictable.

By 1976, after it had become obvious that the reduced legal age for

drinking had resulted in an increase in teenage automobile accidents, injuries, and deaths, the trend toward lower legal drinking ages was reversed. Many states have since raised their legal drinking age despite protests by various student groups and lobbying by distillers and brewers. By the end of 1982 only five states – Hawaii, Louisiana, West Virginia, Wisconsin, and Vermont – still allowed 18-year-olds to buy hard liquor. A few others still allowed them to buy beer and wine.

The Insurance Institute for Highway Safety made a study of nine states where the drinking age was raised. The report from that study states that "on average a state that raises its drinking age can expect about a 26 percent reduction in nighttime fatal crash involvement among drivers the law change applies to."

By January 1981, 14 states had raised the legal drinking age to above 18. These states, the institute report says, can expect about 380 fewer young drivers each year involved in fatal nighttime crashes. After the legal age in Michigan was raised from 18 to 21 years, the number of 18- to 20-year-olds involved in alcohol-related, injury-producing accidents is reported to have dropped by about 20%. This represents about 1,100 young Michigan drivers a year who might have been injured or killed but were not. That the change in the law was responsible for saving lives seems confirmed by the fact that there was little change in number of accidents for adults 21 to 45 years old or for the 16- and 17-year-olds who were always legally barred from drinking during this time. Illinois reported that the driving fatality rate for 18- through 20-year-olds fell 23% when the legal drinking age was raised from 18 to 21 years. New Jersey reported a 26% drop in fatalities for the target group when the legal drinking age was raised.

The National Center for Health Statistics reports that in states with a 21-year-old legal drinking age, senior high school students consumed less alcohol than did students in states with lower drinking age limits. For example, 24% of senior high school students in states with a 21-year-old drinking law drank as often as once a week, whereas 33% of the students of the same age group drank that often in states where the minimum legal drinking age was lower than 21.

Laws changing the legal drinking age clearly will not stop teenage

drinking. Young people will find a way around the law. They will secure false identification or have older friends or even parents buy alcoholic drinks for them. However, it is clear from the statistics that a higher legal drinking age does result in fewer teenage deaths and injuries in alcohol-related traffic accidents and does result in a significant lowering of alcohol consumption by teenagers. Along with a nationally consistent policy of a legal drinking age of 21, there remains an urgent need for education, prevention, and treatment programs at the local level for adolescent alcohol abusers and potential abusers.

29

Teenage Drinking and Driving

Teenagers value driving as a symbol of independence and the highways as a place to demonstrate that independence. Inexperienced driving combined with inexperienced drinking is a deadly combination. A report from the National Center for Health Statistics reports that motor vehicle accidents are the leading cause of death among persons 15 to 24 years old. Forty-five out of every 100,000 people in this age group die in fatal crashes annually. Nationally this figure translates to more than 16,000 youths. The study further reports that more motor vehicle fatalities occur in that age group on weekend evenings between the hours of 11 p.m. and 3 a.m. than at any other time. One out of every four senior high school students was at risk of an alcohol-related accident at least once during the past year.

The national data show that males especially are at risk. Seventy-seven percent of all young people killed in automobile accidents are male. Senior high school students who frequently drove cars while under the influence of alcohol were more likely than other students to be male, to be in the 12th grade, to get lower grades, to have had their first drink before 12 years of age, to get drunk at least once a week, to drink hard liquor, to drink in unsupervised settings such as cars at night, and to get into trouble with their families over drinking.

A survey of 17-year-olds found almost one in seven does not believe that one drink of alcohol affects driving ability. In fact, alcohol often gives a false sense of control while slowing reaction time in critical situations. The risk of an accident increases with each drink the driver consumes. The use of marijuana and other drugs in combination with

30

alcohol further increases the chances of an accident. Pairing drugs with alcohol can be a lethal coupling.

Driving accidents are the number one cause of violent death in the United States. One-third of all traffic injuries and half of all traffic fatalities are alcohol-related. Each year more than 28,000 people die as a result of drunk driving. That is more than 60 deaths each day. The Insurance Institute for Highway Safety reports that nearly half of all teenage deaths are due to automobile accidents. Alcohol intoxication is the most common explanation for these tragedies. Figures show that overall, about half of all people involved in automobile accidents have been drinking.

In most states, driving with a blood alcohol level of .10% or more is illegal. This percentage represents approximately four drinks in an hour for a person weighing 150 pounds. However, driving is impaired at a much lower blood alcohol level. The police have a right to stop a driver at any time if there are signs of impaired driving. When a person receives a driver's license, he is legally giving permission to submit to an alcohol breath test if the arresting police officer believes it is indicated.

Clearly, drinking before and while driving is a serious and immediate problem that must be given attention in any program of alcohol education.

Mixing Alcohol and Other Drugs

Alcohol is a drug, and mixing it with other drugs can be deadly. Mixing alcohol and drugs is on the increase among adolescent drug users. Often at teenage parties it is known and expected that there will be a variety of drugs available. Unlike more mature and responsible drinkers, many adolescent drinkers set out to get "high" or "stoned."

For many persons who drink too much alcohol, the natural body reaction is to vomit, thus ridding the system of the toxic substance. When teenagers mix alcohol with marijuana smoking, they are possible victims of alcohol poisoning, since marijuana contains the compound tetrahydrocannabinol (THC), which suppresses the nausea that accompanies alcoholic intoxication. Therefore the body loses a valuable defense against acute alcohol poisoning, which can lead to death.

Another factor is present when alcohol is mixed with depressants such as quaaludes or barbiturates. Since alcohol itself is a depressant, mixing alcohol with another depressant is likely to intensify the effect of the drug. While the teenager may want to relieve anxiety and stress or produce a state of euphoria, he may well produce a state of drowsiness, stupor, depression, possible coma, or even death. The use of multiple depressants can result in respiratory and heart failure. Combining alcohol with other addictive drugs can speed up addiction to them. Alcohol magnifies the effects of barbiturates. A moderate amount of alcohol along with a small dose of barbiturates can kill. Many accidental deaths occur this way each year. The actor John Belushi and David Kennedy are recent examples of such tragedy.

The effects of marijuana and hashish are similar to the effects of alco-

hol, that is, drowsiness and confusion. Combining them further decreases an individual's ability to think clearly and to function normally. Alcohol also multiplies the effects of such drugs as heroin, methadone, and tranquilizers. It even interacts negatively with many over-the-counter drugs such as cold, hay fever, and asthma medications.

Multiple drug use is a widespread problem among students who drink heavily. Data from the National Institute on Drug Abuse suggests that as students drink more they are also more likely to use other drugs. Most other drug users also use alcohol, and many heavy drinkers of alcohol also use other drugs. There is a high correlation between alcohol use, students' most preferred drug, and their second most preferred drug, marijuana. The use of stimulants, cocaine, hallucinogens, and inhalants all correlate highly with alcohol use.

These are life-threatening practices. Education is necessary for all students. Intervention and treatment may be required for some.

The School's Role: Education, Prevention, Treatment

What is the role of the school in preventing alcohol abuse? Can the school provide effective measures to counter the trend toward earlier and more frequent abuse? Should it?

The evidence is clear that an intensive education program, rich in community support, implemented by caring and knowledgeable professionals, and backed by adequate resources (both human and material) can positively change attitudes, cause significant changes in knowledge about alcohol, and affect behavior. Schools are the logical place to initiate education and prevention efforts since they reach more young people than any other institution.

Because alcohol induces pleasure, it is popular. Because it is readily available, it is potentially harmful. Alcohol is widespread enough to be of national concern. It has been said by knowledgeable toxicologists that if drinking alcoholic beverages were not such an accepted part of our lifestyle, it would have to be classified as a dangerous drug subject to all the regulations of prescription items. The decisions young people make about alcohol can have serious, even life-impacting consequences.

The 19th century philosopher Herbert Spencer in asking the question, "What knowledge is of most worth?" grouped human activities under five headings and then arranged them in order of importance. At the top of the list he put those activities that are directly related to self-preservation. "Above all," Spencer wrote, "man needs knowledge to guard himself against the incapacities and the slow annihilation that his own bad habits bring him." These wise words are on target today: Learning about alcohol is important.

A Broad-Based Approach

Educators can find guidelines from the literature and by examining effective alcohol education programs. But a broad-based approach is required. Adolescent alcohol abuse is a total school and total community problem. The school can lead but it cannot solve the problem alone. The schools do not serve in isolation from the community. Educational efforts need to be anchored in the real world of the students. Situational and interpersonal factors influence young people's attitudes and behavior concerning alcohol; family, peers, and the media must be taken into account.

Simply providing information alone will not solve the problem of adolescent alcohol abuse. Multiple preventive approaches that involve the community are required. Alcohol problems are so diffuse, so pervasive that single solutions can only be fragmentary. There is no neat bottom line.

Educational efforts must go beyond information about alcohol and come to grips with more general problems of adolescents outside the school. The entire social milieu in which young people learn should be enlisted in these efforts. That includes, but is not limited to, churches, social clubs, local newspapers, radio and television stations, medical specialists, professional alcoholic rehabilitation personnel, the police, juvenile authorities, and the legal community. Every citizen needs to know something about alcohol problems and the community resources for dealing with them. A good education program can sensitize the general population to the problems and to the need for education, prevention, and treatment.

The school can serve a leadership role in organizing community support. Groups of parents and other concerned adults, along with teenagers, can be formed into teams to serve as a task force to begin the assault on alcohol abuse. These teams should be small, with no more than 10 or 12 members on each team. They should make an effort to establish what alcohol problems exist in the school and community and realistically assess what types of education programs will help in their solution. The groups, through frank and open discussion of their at-

titudes about alcohol use, can help to establish reasonable expectations for school and community standards.

A team approach between the school and various segments of the community is essential to a well-functioning alcohol abuse prevention program. Education efforts are always more successful when the interests of the individual and the interests of the community are in harmony. Community support is the largest factor in the success of an alcohol education program. It must be in place before the classroom instruction begins. Without this groundwork no program is likely to be successful over the long haul.

Clarifying Goals

It is difficult to get agreement on all the goals for an alcohol education program. However, one comprehensive goal that is likely to be agreeable to all segments of the community is: To promote responsible decision making about the use of alcohol and to encourage youth to develop healthy attitudes about themselves. Young people need clear, realistic information about alcohol use and abuse in order to make responsible decisions. The program must be based on scientific facts and rooted in sound principles and practices of instruction. Alcohol education is a part of education for healthful living.

Whether adolescents decide to drink on reaching legal age is a personal matter. How much they drink is a community concern if it results in antisocial behavior. While drinking may be controversial, drunkenness is not. It is just plain wrong by nearly every community's standards. Therefore, a goal of a good education program is to stress the advantages of abstinence or controlled drinking along with teaching the early warning signs of alcohol abuse. If alcohol abuse is evident, as it will be for many teenagers, treatment and therapy resources must be made known. The goal for many teenagers may be moderate or controlled drinking, but the goal for those who show signs of abuse must be abstinence. A vital goal of alcohol education programs for alcohol abusers is to prevent drunkenness and to provide help for those who are in the early stages of alcoholism.

Prevention of abuse is much easier than controlling abuse after it is established. In order to help young people deal with the pressures to use alcohol, we must first help them learn to deal with their anxieties in more productive and desirable ways. It does little good to point out to adolescents the dangers of alcohol use and abuse unless we also help them deal with the problems of peer pressure, media influence, and their own insecurities and doubts about their role in the world. Conveying knowledge is much easier than changing or forming attitudes. If prevention of alcohol abuse is accepted as a goal, then the program should help students analyze their motivations for using alcohol and help them to clarify their values. It is possible to help students with goal setting, decision making, and coping strategies. The goal of preventing alcohol abuse is a realistic one. Other sound goals of a good alcohol education program are that students:

1. Realize it is not essential to drink.
2. Understand they have a choice about whether or not they will drink alcoholic beverages.
3. Are aware that no social situation requires that they drink.
4. Know it is always correct to refuse a drink if they don't want it.
5. Refuse to accept that excessive drinking (or any drinking) indicates adult status, virility, or masculinity for males and glamour for females.
6. Learn that uncontrolled drinking is an illness that can and should be treated as early as possible.
7. Know that one is never too young to become an alcoholic.
8. Understand that safe drinking depends on complex physiological and psychological factors including healthy attitudes, good self-esteem, and emotional maturity.

Starting Early

An abundance of research data shows us that children are beginning to use and abuse alcohol much younger than many educators and parents had believed. Alcohol use in many middle schools is common. There are reports of children as young as eight or nine years old already

in various stages of alcoholism. It is clear that a sound and comprehensive alcohol education program must begin in the elementary school years and build upon that foundation in subsequent years. The earlier children start to use alcohol, the more likely they are to develop problems and the more likely they are to abuse other drugs. Alcoholism and other drug addictions progress much more rapidly in younger people than they do in those who are older.

If our educational efforts start much earlier than high school, then teenagers come prepared to deal with the problems inherent in those years in a productive and healthful way. Earlier instruction will also help in the identification and treatment of young abusers and may prevent a more serious problem from developing. The lower elementary grades are not too young to begin. At this level special emphasis should be placed on a total approach to health. It is in these formative years that attitudes can be developed to serve as a basis for further knowledge and skills in coping with problems (see fastback 216 *Education in Healthy Lifestyles: Curriculum Implications*).

Program Guidelines

Successful alcohol education programs are comprehensive. They use multiple approaches; they involve a total school commitment, with extensive planning long before instruction begins; and they use research, evaluation, and experimentation. A dedicated staff of regular teachers, special program teachers, administrators, and resource personnel is essential.

Multiple Approaches. Knowledge is essential but it is not sufficient. Successful programs use traditional textbooks and other resource materials but also have strong components in the affective area. Activities devoted to clarifying values; developing decision-making skills; building self-esteem; and learning positive ways to handle problems, frustrations, and anxieties are as important as cognitive learning.

In addition, individual research and group and individual counseling are effective. Peer counseling has been a useful component in many schools.

Another component of a comprehensive program includes field trips for selected students to visit community resources and to consult with specialized personnel. Alcoholics Anonymous and Al-Anon sometimes have open meetings, which students who are well prepared and have reached a necessary level of maturity and understanding may visit. Resource people such as recovered alcoholics, therapists in treatment centers and half-way houses, police, lawyers, and representatives of the brewing and distilling industries are sometimes willing to share their perspectives about alcohol use and abuse.

The Teacher. Knowledgeable and caring teachers are essential to a sound alcohol education program. Before a school program can be implemented, teachers must be educated to deal with the issues surrounding use and abuse of alcohol. Inservice programs for teachers must provide resource help when and where it is needed. Teachers need to be able to analyze and teach about the distortions in advertising. They need to see through and expose the glamorizing of alcohol by the alcohol industry. They need to be open and honest with students and to handle controversial material with poise.

How the teachers teach may be more important than what they teach. They must serve as a role model of one who is emotionally mature, secure, stable, accepting, sensitive to community needs and standards, and resistant to pressures. They must be aware of the specific needs of their students and deal with their individual problems sensitively.

Integrating the Program into the Curriculum. The most effective alcohol education programs require a total school involvement with information about alcohol integrated into the regular curriculum as a part of education for living. In addition, there are special programs presented by specially prepared teachers supported by school and community resources, facilities, and personnel.

Helping the Abuser. When classroom teachers are part of the alcohol education team they are in a better position to recognize and provide help to the adolescent abuser. The teacher should be able to recognize symptoms of alcohol abuse and know where to find help for the abuser. The first line of help may be a specially trained alcohol education

39

teacher or counselor. Adolescents need to be reassured that they are not alone in their feelings about and experiences with alcohol. Information and alternatives they may not have considered need to be pointed out.

Teachers and other school personnel can serve best by being aware of the characteristics of adolescent alcohol abuse and by encouraging the adolescent abuser and his family to seek help from trained counselors. Confrontation and intervention need professional guidance at a level beyond that provided by most schools. It is enough that the teacher be aware of the potential problem and of the professional help available.

The teacher should know whom to suggest for evaluation counseling and be familiar with treatment centers, therapists, half-way houses, AA groups, and other sources of help.

Conclusion

Alcohol abuse among teenagers and even younger children is a rapidly growing social problem. Reports of alcoholism in children as young as eight or nine years old are not uncommon. Alcohol is part of contemporary social life. It is glamorized in movies and on television. Beer commercials using sports figures appeal to teenagers. As a society we send mixed messages to our youth about alcohol use. On the one hand, we accept alcohol as an integral part of our social lives. We talk about it, joke about it, look forward to drinking it, and generally treat it as not only acceptable but also desirable. On the other hand, we recognize the problems caused by alcohol abuse. Deaths and injuries in traffic accidents, crime and jail sentences, financial ruin, loss of productivity, child abuse, broken homes, and other serious societal problems have been directly linked to alcohol.

Our schools have an obligation to attack the problem of alcohol use and abuse among children and teenagers. What is less clear is how it is to be done. Some general guidelines emerge from the literature and from an examination of successful programs. Among them are the need for: 1) a cooperative involvement in identifying and solving the problem; 2) a clear set of objectives for the school program with corresponding techniques for evaluating whether those objectives have been achieved; 3) extensive education about alcohol and other drug use and abuse for teachers, administrators, and parents; 4) an instructional strategy based on affective as well as cognitive learnings; and 5) some combination of traditional course work, values clarification, and field experiences, coupled with individual, group, and peer counseling.

There is no single approach to designing an effective instructional program to stem the rising tide of adolescent alcohol abuse. Bold and imaginative plans are called for. The task deserves our best efforts. The happiness and very lives of our children require it.

41

Resources for Materials and Information

Distilled Spirits Council of the United States, Inc.
Suite 1300
425 Thirteenth Street, NW
Washington, DC 20002

Families Anonymous
Post Office Box 344
Torrance, CA 90501

National Council on Alcoholism
733 Third Avenue
New York, NY 10017

U.S. Department of Transportation
National Highway Traffic Safety Administration
475 L'Enfant Plaza SW, Suite 2960
Washington, DC 20024

National Clearinghouse on Alcohol Information
Post Office Box 2345
Rockville, MD 20852

Alcoholics Anonymous
Post Office Box 459
Grand Central Station
New York, NY 10017

Al-Anon Family Groups
115 East 23rd Street
New York, NY 10010

42

The Other Victims of Alcoholism
Post Office Box 921
Radio City Station
New York, NY 10019

Literature Department
Hazelden Foundation
Post Office Box 176
Center City, MN 55012

Your State Agency – every state has an alcohol agency from which you can receive materials and services about initiating alcohol education and prevention programs.

43

Selected Bibliography

Ackerman, R. J. *Children of Alcoholics*. Holmes Beach, Fla.: Learning Publications, 1978.

Alibrandi, T. *Young Alcoholics*. Minneapolis, Minn.: Comp Care Publications, 1978.

American School Health Association. *Teaching About Drugs: A Curriculum Guide, K-12*. Kent, Ohio, 1971.

Armor, D. J., et al. *Alcoholism and Treatment*. New York: John Wiley and Sons, 1978.

Cain, A. H. *Young People and Drinking: The Use and Abuse of Beverage Alcohol*. New York: John Day, 1970.

Carleton, J. L. *What Is Alcoholism*. Santa Barbara, Calif.: Santa Barbara Psychiatric Medical Group, 1976.

Chafety, M. E. *Liquor – The Servant of Man*. Boston: Little, Brown and Company, 1965.

Conant, R. *Juice Use: Special Hangover Edition*. Syracuse, N.Y.: Ed-U-Press, 1974.

Cornacchia, H. J.; Smith, D. E.; and Bentel, D. J., eds. *Drugs in the Classroom: A Conceptual Model for School Programs*. St. Louis: C. V. Mosby Company, 1978.

Dennison, D., et al. *Alcohol and Behavior: An Activated Education Approach*. St. Louis: C. V. Mosby Company, 1980.

Distilled Spirits Council of the United States. *Discuss Facts Book 1979: Public Attitudes and Economic Patterns*. Washington, D.C., 1979.

Distilled Spirits Council of the United States. *Discuss Facts Book 1982: Social Attitudes and Economic Development*. Washington, D.C., 1982.

Filstead, W. J.; Rossi, J. J.; and Keller, M. *Alcohol and Alcohol Problems: New Thinking and New Directions*. Cambridge, Mass.: Ballinger Publishing Company, 1976.

Fitzgibbon, C. *Drink: A Self Help Book for Alcoholism*. Garden City, N.Y.: Doubleday and Company, 1979.

Fort, J. *The Addicted Society: Pleasure Seeking and Punishment Revisited*. New York: Grove Press, 1981.

Fort, J. *Alcohol: Our Biggest Drug Problem*. New York: McGraw-Hill, 1973.

Girdono, D. A., and Dusek, D. *Drug Education: Content and Methods*. Reading, Mass.: Addison-Wesley, 1980.

Gottheil, E.; Druley, K. A.; Skoloda, T. E.; and Waxman, H. M., eds. *Alcohol, Drug Abuse and Aggression*. Springfield, Ill.: Charles C. Thomas Publishers, 1983.

Grant, M., and Ritson, B. *Alcohol: The Prevention Debate*. London: Croon Helm, 1983.

Gross, L. *How Much Is Too Much: The Effects of Social Drinking*. New York: Random House, 1983.

Hornick, E. L. *You and Your Alcoholic Parent*. New York: Associated Press, 1974.

Howard, M. *Did I Have a Good Time? Teenage Drinking*. New York: Continuum, 1980.

Hyde, M. O. *Alcohol: Drink or Drug?* New York: McGraw-Hill, 1974.

Kinney, J., and Leaton, G. *Loosening the Grip: A Handbook of Alcohol Information*. St. Louis: C. V. Mosby Company, 1978.

Lender, M.E., and Martin, J. K. *Drinking in America: A History*. New York: The Free Press, 1982.

Luks, A. *Will America Sober Up?* Boston: Beacon Press, 1983.

Martin, Father J. *No Laughing Matter: Chalk Talks on Alcoholism*. San Francisco: Harper and Row, 1982.

Maxwell, R. *The Booze Battle: A Common Sense Approach that Works*. New York: Praeger Publishers, 1976.

McCarthy, R. *Teen-Ager and Alcohol*. New Haven, Conn.: Yale Center of Alcohol Studies, 1956.

McCarthy, R., ed. *Alcohol Education for Classroom and Community: A Source Book for Educators*. New York: McGraw-Hill, 1964.

McCormick, R. *Facing Alcoholism*. San Diego: Oak Tree Publications, 1972.

McIlwain, W. *Farewell to Alcohol*. New York: Random House, 1972.

Molloy, P. *Where Did Everybody Go? The Portrait of an Alcoholic*. Garden City, N.Y.: Doubleday, 1981.

Neff, P. *Tough Love*. Nashville, Tenn.: Parthenon Press, 1982.

Orford, J., and Harwin J., eds. *Alcohol and the Family*. New York: St. Martin's Press, 1982.

Roe, D. *Alcohol and Diet*. Westport, Conn.. AVI Publishing Company, 1979.

Rorabaugh, W. *The Alcoholic Republic: An American Tradition*. New York: Oxford University Press, 1978.

Scarpitti, F., and Datesman, S., eds. *Drugs and the Youth Culture*. Beverly Hills, Calif.: Sage Publications, 1980.

Schramm, C., ed. *Alcoholism and Its Treatment in Industry*. Baltimore: The John Hopkins University Press, 1977.

Schuckit, M. *Drug and Alcohol Abuse*. New York: Plenum Publishing Corporation, 1979.

Seixas, J. S. *Living with a Parent Who Drinks too Much*. New York: Greenwillow Books, 1979.

Smart, R. *The New Drinkers: Teenagers' Use and Abuse of Alcohol*. Toronto: Addiction Research Foundation, 1976.

Snyder, A. *My Name Is Davy, I'm an Alcoholic*. New York: New American Library, 1977.

Swinson, R., and Eaves, D. *Alcoholism and Addiction*. London: The Woburn Press, 1978.

Talbatt, G., and Cooney, M. *Today's Disease: Alcohol and Drug Dependence*. Springfield, Ill.: Charles H. Thomas, 1982.

Wagner, R. S. *Sara T., Portrait of a Teenager Alcoholic*. New York: Valentine Books, 1975.

Weinswig, M., and Doerr, D. *Drug Abuse: A Course for Educators*. Indianapolis: Butler University College of Pharmacy, 1968.

Woodward, N. *If Your Child Is Drinking*. New York: G.P. Putnam's Sons, 1981.

PDK Fastback Series Titles

BEST COPY AVAILABLE

3. Open Education: Promise and Problems
7. Busing: A Moral Issue
8. Discipline or Disaster?
10. Who Should Go to College?
13. What Should the Schools Teach?
19. Sex Differences in Learning to Read
20. Is Creativity Teachable?
22. The Middle School: Whence? What? Whither?
26. The Teacher and the Drug Scene
29. Can Intelligence Be Taught?
30. How to Recognize a Good School
31. In Between: The Adolescent's Struggle for Independence
37. General Education: The Search for a Rationale
43. Motivation and Learning in School
44. Informal Learning
46. Violence in the Schools: Causes and Remedies
47. The School's Responsibility for Sex Education
59. The Legal Rights of Students
60. The Word Game: Improving Communications
66. The Pros and Cons of Ability Grouping
70. Dramatics in the Classroom: Making Lessons Come Alive
78. Private Schools: From the Puritans to the Present
79. The People and Their Schools
80. Schools of the Past: A Treasury of Photographs
81. Sexism: New Issue in American Education
83. The Legal Rights of Teachers
84. Learning in Two Languages
86. Silent Language in the Classroom
87. Multiethnic Education: Practices and Promises
88. How a School Board Operates
91. What I've Learned About Values Education
92. The Abuses of Standardized Testing
93. The Uses of Standardized Testing
95. Defining the Basics of American Education
96. Some Practical Laws of Learning
97. Reading 1967-1977: A Decade of Change and Promise
99. Collective Bargaining in the Public Schools
100. How to Individualize Learning
102. Teaching with Film
105. The Good Mind
106. Law in the Curriculum
107. Fostering a Pluralistic Society Through Multi-Ethnic Education
108. Education and the Brain
110. Selecting Instructional Materials
111. Teacher Improvement Through Clinical Supervision
112. Places and Spaces: Environmental Psychology in Education
113. Artists as Teachers
114. Using Role Playing in the Classroom
115. Management by Objectives in the Schools
116. Declining Enrollments: A New Dilemma for Educators
117. Teacher Centers—Where, What, Why?
118. The Case for Competency-Based Education
119. Teaching the Gifted and Talented
120. Parents Have Rights, Too!
121. Student Discipline and the Law
122. British Schools and Ours
123. Church-State Issues in Education
124. Mainstreaming: Merging Regular and Special Education
125. Early Field Experiences in Teacher Education
126. Student and Teacher Absenteeism
127. Writing Centers in the Elementary School
128. A Primer on Piaget
129. The Restoration of Standards: The Modesto Plan
130. Dealing with Stress: A Challenge for Educators
131. Futuristics and Education
132. How Parent-Teacher Conferences Build Partnerships
133. Early Childhood Education: Foundations for Lifelong Learning
134. Teaching about the Creation/Evolution Controversy
135. Performance Evaluation of Educational Personnel
136. Writing for Education Journals
137. Minimum Competency Testing
138. Legal Implications of Minimum Competency Testing
139. Energy Education: Goals and Practices
140. Education in West Germany: A Quest for Excellence
141. Magnet Schools: An Approach to Voluntary Desegregation
142. Intercultural Education
143. The Process of Grant Proposal Development
144. Citizenship and Consumer Education: Key Assumptions and Basic Competencies
145. Migrant Education: Teaching the Wandering Ones
146. Controversial Issues in Our Schools
147. Nutrition and Learning
148. Education in the USSR
149. Teaching with Newspapers: The Living Curriculum
150. Population, Education, and Children's Futures
151. Bibliotherapy: The Right Book at the Right Time
152. Educational Planning for Educational Success
153. Questions and Answers on Moral Education
154. Mastery Learning
155. The Third Wave and Education's Futures
156. Title IX: Implications for Education of Women
157. Elementary Mathematics: Priorities for the 1980s
158. Summer School: A New Look
159. Education for Cultural Pluralism: Global Roots Stew
160. Pluralism Gone Mad
161. Education Agenda for the 1980s
162. The Public Community College: The People's University

(Continued on inside back cover)

See inside back cover for prices.

Fastback Titles *(continued from back cover)*

163. Technology in Education: Its Human Potential
164. Children's Books: A Legacy for the Young
165. Teacher Unions and the Power Structure
166. Progressive Education: Lessons from Three Schools
167. Basic Education: A Historical Perspective
168. Aesthetic Education and the Quality of Life
169. Teaching the Learning Disabled
170. Safety Education in the Elementary School
171. Education in Contemporary Japan
172. The School's Role in the Prevention of Child Abuse
173. Death Education: A Concern for the Living
174. Youth Participation for Early Adolescents: Learning and Serving in the Community
175. Time Management for Educators
176. Educating Verbally Gifted Youth
177. Beyond Schooling: Education in a Broader Context
178. New Audiences for Teacher Education
179. Microcomputers in the Classroom
180. Supervision Made Simple
181. Educating Older People: Another View of Mainstreaming
182. School Public Relations: Communicating to the Community
183. Economic Education Across the Curriculum
184. Using the Census as a Creative Teaching Resource
185. Collective Bargaining: An Alternative to Conventional Bargaining
186. Legal Issues in Education of the Handicapped
187. Mainstreaming in the Secondary School: The Role of the Regular Teacher
188. Tuition Tax Credits: Fact and Fiction
189. Challenging the Gifted and Talented Through Mentor-Assisted Enrichment Projects
190. The Case for the Smaller School
191. What You Should Know About Teaching and Learning Styles
192. Library Research Strategies for Educators
193. The Teaching of Writing in Our Schools
194. Teaching and the Art of Questioning
195. Understanding the New Right and Its Impact on Education
196. The Academic Achievement of Young Americans
197. Effective Programs for the Marginal High School Student
198. Management Training for School Leaders: The Academy Concept
199. What Should We Be Teaching in the Social Studies?
200. Mini-Grants for Classroom Teachers
201. Master Teachers
202. Teacher Preparation and Certification: The Call for Reform
203. Pros and Cons of Merit Pay
204. Teacher Fairs: Counterpoint to Criticism
205. The Case for the All-Day Kindergarten
206. Philosophy for Children: An Approach to Critical Thinking
207. Television and Children
208. Using Television in the Curriculum
209. Writing to Learn Across the Curriculum
210. Education Vouchers
211. Decision Making in Educational Settings
212. Decision Making in an Era of Fiscal Instability
213. The School's Role in Educating Severely Handicapped Students
214. Teacher Career Stages: Implications for Staff Development
215. Selling School Budgets in Hard Times
216. Education in Healthy Lifestyles: Curriculum Implications
217. Adolescent Alcohol Abuse
218. Homework—And Why
219. America's Changing Families: A Guide for Educators
220. Teaching Mildly Retarded Children in the Regular Classroom
221. Changing Behavior: A Practical Guide for Teachers and Parents
222. Issues and Innovations in Foreign Language Education
223. Grievance Arbitration in Education
224. Teaching About Religion in the Public Schools

BEST COPY AVAILABLE

This fastback and others in the series are made available at low cost through the Phi Delta Kappa Educational Foundation, established in 1966 with a bequest from George H. Reavis. The foundation exists to promote a better understanding of the nature of the educative process and the relation of education to human welfare.

Single copies of fastbacks are 75¢ (60¢ to Phi Delta Kappa members). Write to Phi Delta Kappa, Eighth and Union, Box 789, Bloomington, IN 47402 for quantity discounts for any title or combination of titles.